



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
21 APRIL 2021

**REPORT ON:** INDEPENDENT REVIEW OF ADULT SOCIAL CARE IN SCOTLAND

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB19-2021

## **1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to provide a summary of the content and key recommendations of the Independent Review of Adult Social Care in Scotland, initial responses to the recommendations from key stakeholders and their potential future implications for the Dundee Integration Joint Board.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the summary of the content and recommendations of the Independent Review of Adult Social Care in Scotland (section 4.2, appendix 1 and appendix 2) and initial responses to the report from key stakeholders (section 4.3).
- 2.2 Note the initial assessment of potential implication of the recommendations made within independent review for the Dundee Integration Joint Board (section 4.4 and appendix 3).
- 2.3 Instruct the Chief Officer to bring forward a report outlining Scottish Government plans to progress implementation of the recommendations of the independent review at an appropriate point following the Scottish Parliamentary Elections in May 2021.

## **3.0 FINANCIAL IMPLICATIONS**

3.1 There are no immediate financial implications as a result of the independent review but there will likely be financial, funding and governance implications if the recommendations of the review are taken forward in full or in part.

## **4.0 MAIN TEXT**

### **4.1 Establishment, Remit and Approach of the Review**

4.1.1 On 1 September 2020 the First Minister announced an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The full terms of reference are available on the Scottish Government website at <https://www.gov.scot/publications/independent-review-of-adult-social-care-terms-of-reference/>

- 4.1.2 Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland, was appointed to chair the review. He was supported by an Advisory Panel of Scottish and international experts. Mr Feeley developed a three phased approach to undertaking the review, which concluded in January 2021. In addition to the three phases an open invitation to submit views, papers and evidence was in place until early November 2020. In total the review received 228 written submissions, held 13 engagement events and 128 stakeholder meetings; this represents contributions from over 1,000 individuals. The review also made links to other national reviews underway in Scotland, including the Independent Care Review – The Promise, and the Review of Mental Health Law, as well as to the work of the Fair Work Group and the National Taskforce for Human Rights Leadership.
- 4.1.3 Phase one focused on developing a detailed understanding of the needs, rights and preferences of people who are using social care services and of the experience of staff working in the social care sector. This phase was undertaken primarily through an open enquiry process of large-scale engagement and the review heard from a wide range of people and organisations who have lived experience of using and providing social care services and supports. The Health and Social Care Alliance (the ALLIANCE) provided the review with support to undertake their programme of engagement during this phase, with a strong focus on people with lived experience, carers and the third sector. Engagement meetings also included participation from the IJB Chair and Vice-Chair Network, the Chief Officer Group, the Chief Finance Officers Group, the Strategic Commissioning and Improvement Network, the Carers Collaborative Forum for Carer Representatives on IJBs, representatives of General Practitioners, SOLACE, Social Work Scotland and Chief Social Work Officers, COSLA, NHS Board Chief Executives and Trade Unions.
- 4.1.4 Phase two utilized information and evidence derived from phase one to consider what change is needed and what the options are for a social care system that delivers on the needs, rights and preferences of people using services and improves the experience of staff working in social care. Additional evidence from academic papers, parliamentary inquiries and from reports submitted by statutory bodies and representatives of social care users and providers was also utilized.
- 4.1.5 In Phase three funding, delivery, governance and regulation arrangements were examined and consideration was given to how continuous improvement can be assured. The interface with health, housing, local communities and other related services and supports and the role of people using services in their delivery, assessment process and decision-making was also considered in this phase.
- 4.1.6 The report from the review was published by the Scottish Government on 3 February 2021. Full details on the aims, approach and findings of the review, including the final report, can be accessed on the Scottish Government website: <https://www.gov.scot/groups/independent-review-of-adult-social-care/>

## 4.2 Summary of Key Content and Recommendations

- 4.2.1 The review identifies three key things that must change to improve outcomes for people using social care and their carers:

1. Shift the paradigm - Changing the narrative around social care so that it is viewed as an investment, taking into account people's rights and capabilities and protecting, promoting and ensuring human rights and equality. The report summarises this as:

OLD THINKING	NEW THINKING
Social care support is a burden on society	Social care support is an investment
Managing need	Enabling rights and capabilities
Available in a crisis	Preventative and anticipatory
Competition and markets	Collaboration
Transactions	Relationships
A place for services (e.g. a care home)	A vehicle for supporting independent living
Variable	Consistent and fair

2. Strengthen the foundations – Building on what we have already, including key legislation which must be implemented fully (specifically in relation to Self-Directed Support, health and social care integration and carers), the strengths of the workforce and carers who are described as ‘the cornerstone of social care support’. Promoting and supporting greater empowerment of people who need social care support and unpaid carers (at an individual and a collective level).
3. Redesign the system – Changing structures, including the development of a National Care Service, in-line with Christie’s four pillars of public sector reform (decisive shift to prevention, greater integration at a local level, greater investment in the workforce and focus on improving performance) and additional principles identified in the review (stronger voice for people who require social care supports and their advocates, national focus on learning and improvement, focus on equity, equality and human rights, fairness and consistency in relation to access, eligibility and outcomes, and transparency and accountability).

4.2.2 The following definition of social care as a shared vision or ambition for social care in Scotland is proposed within the report:

*‘Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing and independent living and equity’*

It also encourages the adoption of the term ‘social care supports’ to reinforce that the person should direct the system to support them, rather than the other way around. The review highlights that a shared ambition or common purpose is needed as the basis for continuous improvement, guiding our shared understanding of rights and needs, informing planning and use of resources, and influencing culture, behaviours and values.

4.2.3 There is a strong focus on human rights, equality and participation. From the perspective of people who require social care supports there is an emphasis on rights to access supports, strengthening systems and supports for complaint and redress, rights-focused assessments and charging. The review emphasises that people who require social care supports should be regarded and treated as experts in the own needs and preferences through trusting and mutually respectful relationships that maintain a focus on goals, aspirations and personal outcomes. The focus on rights and equality within the report also extends to unpaid carers; suggesting unpaid carers should be equal partners in a team who plan and provide support and care together and have greater awareness of and access to their own rights to support, including respite.

4.2.4 The review makes 53 individual recommendations across 8 key themes: a human rights based approach; unpaid carers; the case for and operation of a National Care Service; a new approach to improving outcomes – closing the implementation gap and managing quality; models of care; commissioning for public good; fair work; and, finance. Key features of the proposals are:

- People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help. Barriers to this, such as the current eligibility criteria and charging regime, should be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention. Establish portable packages of care between local authority / Partnership areas.
- Reform assessment so that people who need support are involved in a supportive process, with more independent advocacy and brokerage services.
- Investment in alternative social care support models that enable people to stay in their own homes and communities, to maintain and develop social connections, and to exercise as much autonomy as possible.
- Legislation to move accountability for adult social care from local government to Scottish Ministers and appointment of a Minister for Social Care.

- Creation of a National Care Service (NCS) on an equal footing to NHS Scotland, with a Chief Executive of the NCS accountable to Scottish Ministers. The NCS should lead on activity best managed once for Scotland (e.g. workforce planning and development; support for people whose needs are very complex or highly specialist; prison social care; and data, research and IT improvements) and to establish a national improvement programme for adult social care. The role of existing national care and support bodies, such as the Care Inspectorate and the Scottish Social Services Council (SSSC), should be revisited in this context.
- The NCS to lead and support an enhanced focused on improving outcomes by closing the implementation gap and creating a new approach for managing quality. This includes significant streamlining of the existing inspection regulation framework and an enhanced focus on identifying, establishing and supporting national improvement programmes (similar to the NHS Patient Safety Programme). The report proposes there should also be greater collaboration between the Care Inspectorate and Healthcare Improvement Scotland.
- The NCS to oversee a new ethical and collaborative approach to local commissioning and procurement through reformed Integration Joint Boards (IJBs); to oversee reform of the National Care Home Contract and develop national contracts for other aspects of care and support; and, to establish national minimum quality outcome standards. Services to be procured from local authorities and third and independent sectors by IJBs.
- IJBs to employ staff directly, and to be funded directly by the Scottish Government. IJBs should also manage GPs' contracts to ensure integration of community care, and continue to budget for unplanned adult hospital care to incentivise prevention. Carers to be represented as full partners on the reformed IJBs and on the Board of the NCS.
- Rapid implementation of the recommendations in the Fair Work Convention's report, as well as a national job evaluation exercise for all who work in social care, to put in place national minimum terms and conditions for workers.
- An enhanced approach to workforce learning, development and regulation and to oversight of workforce planning delivered through a national organisation developed by the NCS. This should include a review of the role of the SSSC and the establishment of an appropriate interface for shared learning with the NHS workforce.
- Additional investment estimated at approximately £0.66bn p.a. (19/20 prices) and future funding for social care to be, as a minimum, sufficient to meet increased need due to demographic change.

4.2.5 One of the most significant changes recommended in the report is the establishment of a National Care Service. This is set within the context of the impact that the COVID-19 pandemic has had on public expectations of national accountability for adult social care, the scale of public funding for social care and mutual dependence with the NHS. The review also recognises the vital role of local authorities in relation to their statutory responsibility for public wellbeing, as local providers of social care services and as partners in IJBs who are responsible for meeting local need and the stewardship of local resources. The NCS is seen as a means by which to achieve '*...consistent, Scotland-wide improvements in social care supports focused entirely on improving outcomes for people using and working in social care...*' Appendix 1 provides an overview of the case for the NCS put forward within the review.

The review proposes that the key elements of national support delivered through the NCS would be: programme of learning and improvement; support for people with very complex and specialist needs; and, social care supports for people in prison and other custodial settings. A detailed list of the proposed functions of the NCS is provided in appendix 2.

- 4.2.6 Alongside the establishment of the NCS the review also proposes significant reform in relation to IJBs:

*“They should be reformed to take full responsibility for the commissioning and procurement of adult social care support locally, accountable directly to the Scottish Government as part of the National Care Service. Local Authorities should no longer be responsible for commissioning and procuring adult social care support but can continue to provide social care services procured by reformed Integration Joint Boards.”*

Reformed IJBs are envisioned as implementing the social care vision and outcome measures and delivering strategic planning and commissioning, as well as local engagement. Key features of the reforms proposed include:

- Legislative change to allow IJBs to employ staff, hold assets and contract, including the GMS contract and employment of directly employed independent contractors in health;
- Updated, clarified and sharpened skillset for IJB Chief Officers to reflect new responsibilities of IJBs;
- Chief Officer and staff who plan, commission and procure care and support, as well as other key staff such as Chief Finance Officers, should be employed directly by the IJB and no longer be jointly accountable to the Chief Executives of local authorities and health boards;
- Merging of the IJB and Strategic Planning Advisory Group to form the membership of a reformed IJB in which every member has a vote; and,
- IJB budgets allocated directly by the Scottish Government.

### **4.3 Response to the Report and Recommendations from Key Stakeholders**

- 4.3.1 A Scottish Parliamentary debate took place on 16 February 2021 regarding the review report. The Scottish Government set out their support for the report recommendations and their intention to seek a mandate for the establishment of the NCS from the Scottish people through the forthcoming Scottish Parliamentary elections in May 2021. The Scottish Conservatives, Labour and Greens all expressed their overall support for the recommendations of the review but called for greater detail on how the NCS will work in practice and noted concerns regarding the potential for the NCS to undermine local planning, delivery and accountability for social care. In addition, Labour and the Greens called for further provisions on fair work. The Scottish Liberal Democrats did not express overall support for the recommendations but did support the ambition to enhance adult social care; in particular they did not support the establishment of the NCS or any centralisation of social care provision. The official report from the debate is available on the Scottish Parliament website at: <https://www.parliament.scot/parliamentarybusiness/report.aspx?r=13126>
- 4.3.2 Through Health and Social Care Scotland, IJB Chief Officers have provided an initial collective response to the review report. Their response, whilst noting that further work is required to fully explore and debate the recommendations and their possible impacts, welcomes the overall emphasis on a human rights-based approach, the experiences and voices of people who need social care supports, collaboration and partnership working, and additional investment to close the gap between policy intent and implementation. Chief Officers express the view that leading and managing collective local health services and social care services is a manifestation of community planning approaches. However, their response also notes some concern regarding a lack of focus in the review on the need for NHS reform, the impact that the establishment of a national IJB within the NCS and the power for Scottish Ministers to vary the number of IJBs could have on local accountability and community planning, and lack of detail regarding the deliver model (including the role of HSCPs and links with children’s services, community justice and overall social work services).

- 4.3.3 COSLA, on behalf of local government and Scotland's council leaders, has welcomed aspects of the review report. This includes the focus on lived experience being embedded within the system, person-centred approaches, recognising the value of not-for-profit provision and valuing the social care workforce. However, they have also expressed 'grave' concerns about recommendations that relate to future governance and accountability arrangements. Specifically, council leaders have expressed opposition to the establishment of the NCS describing this as being *'...detrimental to the local delivery of social care and its integration with other key community services'* and stated that with the level of investment proposed in the review local government could deliver a human-rights based social care system. The full COSLA statement can be accessed on their website at: <https://www.cosla.gov.uk/news/2021/feeley-report-on-adult-social-care>. On 24 March 2021 COSLA and the Scottish Government published 'Adult social care – independent review: joint statement of intent' (available in full on the Scottish Government website at: <https://www.gov.scot/publications/adult-social-care---independent-review-joint-statement-of-intent/>) outlining how they will work together to deliver the key foundation pillars set out in the review, including developing outline plans by May to deliver: an end to charging for non-residential services as soon as possible; shared ethical commissioning principles; an overhaul of current mechanisms of eligibility criteria; a mechanism which ensures voices of lived experience are at the heart of policy development, service design and service delivery; and, ensuring full support for unpaid carers.
- 4.3.4 A range of national service user, carer and provider representative organisations (including the ALLIANCE, Scottish Cares, the Coalition of Carers in Scotland and the Coalition of Care and Support Providers) have welcomed the content and recommendations of the review, particularly the new ambition and narrative for social care supports (see section 4.2.1 and 4.2.2.) and the focus on human rights, equality and participation. Trade Unions have expressed a mixed response, welcoming provisions on fair work but expressing concern regarding the complexity of structural changes recommended and that recommendations do not go far enough in relation to removal of a market-based system. The SSSC has welcomed the collaborative approach to the review, the central place of people with lived experience, carers, families and the social care workforce within the report and the opportunity to work with the Scottish Government and other partners on the detail of recommendations and development of an implementation plan. The Care inspectorate has not yet published a formal response to the report.

#### **4.4 Potential Future Implications of Recommendations for Dundee IJB**

- 4.4.1 The 53 recommendations made in the report, if fully implemented, will have significant implications for Dundee IJB and Health and Social Care Partnership, NHS Tayside, Dundee City Council and wider community planning partners. An initial assessment of potential implications of the full implementation of recommendations for the IJB is contained within Appendix 3.
- 4.4.2 Whilst a number of the recommendations require significant legislative and structural change at a national level, some aspects can be progressed by the IJB and its partners through our local strategic commissioning and governance arrangements. Most significantly a range of the recommendations that relate to further enhancing human-rights, equality and fairness as key aspects of our social care and social work practice can be progressed by the Partnership in the short-term. Many of these recommendations have parallels with recommendations made by the Independent Care Review – The Promise which are already being implemented at a local level. Building on our existing dedicated social care commissioning and procurement arrangements it is also within the power of the IJB and Dundee City Council to further progress an ethical approach to commissioning and procurement.
- 4.4.3 A full assessment of the potential implications of review recommendations for the IJB, and other local stakeholders, cannot be undertaken until such times as further detail emerges at a national level regarding plans for implementation; this is not expected until after the forthcoming Scottish Parliamentary Elections. Whilst each key local stakeholder, including the IJB, will want to take time to consider the report and recommendations from its own perspective there may also be merit in planning for collective discussions regarding some key aspects of the report in due course.

## 5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

## 6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

## 7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service, Health and Community Care and the Clerk have been consulted in the preparation of this report.

## 8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Directions Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 9.0 BACKGROUND PAPERS

9.1 None.

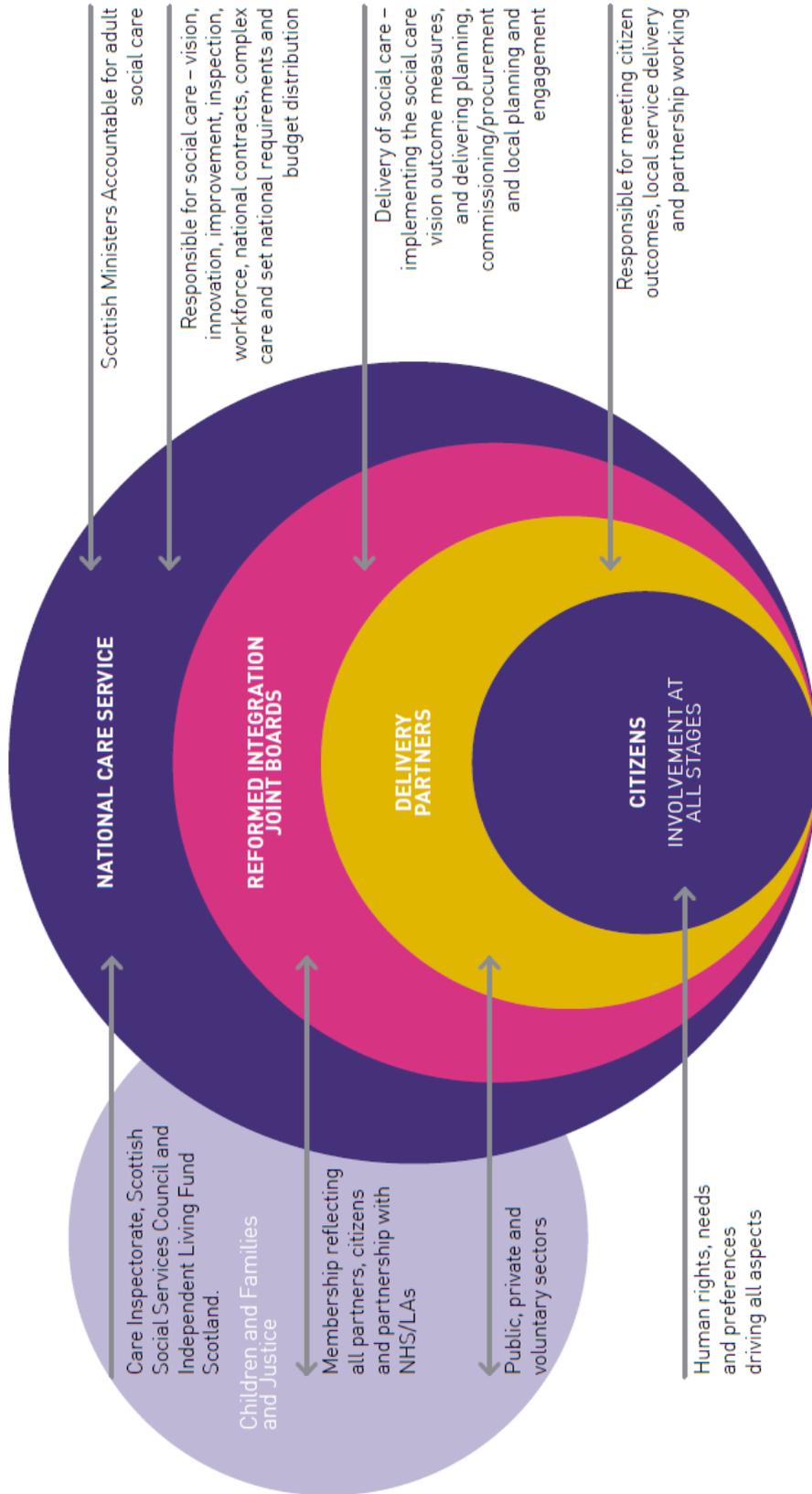
Vicky Irons  
Chief Officer

DATE: 31 March 2021

Kathryn Sharp  
Senior Manager, Strategy and Performance



**APPENDIX 1**  
**The Case For A National Care Service**



## **APPENDIX 2**

### **Proposed Functions Of A National Care Service**

The National Care Service should:

- Provide assurance to Ministers and to the public about the quality of social care support in Scotland and ensure that opportunities for continuous improvement are identified and implemented.
- Oversee the work of reformed Integration Joint Boards and national care bodies and ensure effective engagement is taking place at all levels.
- Establish, maintain and oversee national requirements for ethical and collaborative local commissioning and procurement of social care (see Chapter 9). These requirements will cover standards of care and outcomes to be achieved, and fair work.
- Develop and maintain the distribution formula for direct allocation of budgets by the Scottish Government to Integration Joint Boards and national care bodies.
- Be responsible for social care support functions that currently have no home in the national infrastructure, such as workforce planning and development, data and research, IT and, as appropriate, national and regional service planning, and to manage services that are better organised on a once-for-Scotland basis, such as support for people with complex and specialist needs, provision in custodial settings including prisons, and so on.
- Ensure effective working with NHS Scotland, establishing a joint approach where beneficial to people accessing care. This priority could be enabled by the creation of a similar board of governance for NHS Scotland and the creation of a National Integration Joint Board where the senior leadership of the National Care Service and NHS meet regularly to agree strategy and priorities.
- Ensure effective local and national working with other public services including transport, housing and education, all of which are key to public health and wellbeing. People's environments can be disabling if not properly planned for accessibility, and people's needs for care and support vary depending on their context. More broadly than social care and health, it is important that the public sector as a whole designs different environments – home, workplace, local services and infrastructure (e.g. transport, amenities), community networks – to support people's independence and enable everyone to participate as full citizens in society.

## APPENDIX 3

### Implication of Independent review of adult social care in Scotland

	Recommendation	Dundee IJB
<b>A Human Rights Based Approach</b>		
1	Human rights, equity and equality must be placed at the very heart of social care and be mainstreamed and embedded. This could be further enabled by the incorporation of human rights conventions.	<p>This builds on existing commitments made within the IJB's Strategic and Commissioning Plan, Equality Outcomes and Mainstreaming Framework and supporting strategic and operational plans. It also reflects the principles and values that underpin existing arrangements for professional registration and regulation of the social care and social work workforce.</p> <p>For further consideration and action as part of:</p> <ul style="list-style-type: none"> <li>• Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan</li> <li>• Dundee IJB Equality Outcomes and Mainstreaming Framework</li> <li>• Ongoing programmes for operational improvement</li> </ul> <p>Central focus on human rights, equity and equality would suggest strengthened infrastructure, including learning and workforce development resource, will be required at a local level.</p> <p>Aspects that are workforce focused will require collaborative work with Dundee City Council and external providers as employers of social care staff.</p> <p>Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition.</p>
2	Delivering a rights-based system in practice must become consistent, intentional and evident in the everyday experience of everyone using social care support, unpaid carers and families, and people working in the social care support and social work sector.	<p>This builds on existing commitments made within the IJB's Strategic and Commissioning Plan, Equality Outcomes and Mainstreaming Framework and supporting strategic and operational plans. It also reflects the principles and values that underpin existing arrangements for professional registration and regulation of the social care and social work workforce.</p> <p>For further consideration and action as part of:</p> <ul style="list-style-type: none"> <li>• Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan</li> </ul>

	Recommendation	Dundee IJB
		<ul style="list-style-type: none"> <li>• Dundee IJB Equality Outcomes and Mainstreaming Framework</li> <li>• Ongoing programmes for operational improvement</li> </ul> <p>Shift in focus/enhancement of quality assurance and self-evaluation activities to evidence implementation in practice. Strengthened approach to learning, development and support for practice improvement will be required.</p> <p>Interface with children’s services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children’s and adult services will be an important consideration. This will also be critical at points of transition.</p>
3	<p>People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.</p>	<p>Continued investment in community-based resources and providers.</p> <p>Continued strategic focus on enhanced prevention and early intervention response.</p> <p>Realignment of local eligibility criteria (review currently ongoing) and charging (in collaboration with Dundee City Council) to take account of review and any subsequent national changes / guidance.</p> <p>Further development of public information materials / signposting resources to enhance accessibility of range of local services.</p> <p>For further consideration and action as part of:</p> <ul style="list-style-type: none"> <li>• Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan</li> <li>• Dundee IJB Equality Outcomes and Mainstreaming Framework</li> <li>• Ongoing programmes for operational improvement</li> </ul> <p>Interface with children’s services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children’s and adult services will be an important consideration. This will also be critical at points of transition.</p>

	<b>Recommendation</b>	<b>Dundee IJB</b>
4	<p>People should understand better what their rights are to social care and supports, and “duty bearers”, primarily social workers, should be focused on realising those rights rather than being hampered in the first instance by considerations of eligibility and cost.</p>	<p>For consideration and action as part of the Personalisation Improvement Plan. May subsequently require changes to assessment and recording guidance and supporting IT systems.</p> <p>Local public information materials may require to be revised to enhance focus on rights to social care and supports, including information about complaints and redress.</p> <p>Interface with children’s services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children’s and adult services will be an important consideration. This will also be critical at points of transition.</p> <p>See also recommendations 1 and 2.</p>
5	<p>Where not all needs can be met that have been identified as part of a co-production process of developing a support plan, these must be recorded as unmet needs and fed into the strategic commissioning process.</p>	<p>Adjustment to assessment and recording guidance and supporting IT systems to capture unmet need in order that data can be extracted and analysed as part of the Partnership’s Strategic Needs Assessment and performance management systems.</p> <p>Interface with children’s services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children’s and adult services will be an important consideration. This will also be critical at points of transition.</p>
6	<p>Informal, community-based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.</p>	<p>Continued investment in preventative, low-level supports through diversity of third sector providers.</p> <p>Further embed strategic commissioning across the organisation to ensure investment is aligned to needs and priorities.</p> <p>Establish a social care procurement framework to enable and encourage a diversity of provision, including work with Dundee City Council to address the interface between social care procurement legislation and Council Standing Orders.</p> <p>Review and enhancement of the IJB’s Market Facilitation Strategy.</p>

	Recommendation	Dundee IJB
		Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition.
7	A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people's heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical.	<p>For consideration and action as part of the Personalisation Improvement Plan. Including considering learning from other Partnerships who have already embedded a conversations approach to assessment.</p> <p>Ensure development of social care procurement framework supports the full implementation of SDS.</p> <p>Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition.</p> <p>See also recommendations 1,2 and 4.</p>
8	More independent advocacy and brokerage services, including peer services, must be made available to people to ensure that their voices are heard, and to help prepare for participation in planning and organising their support.	<p>Review of the independent advocacy provision and associated funding.</p> <p>Review of operational practices and associated recording / IT systems to ensure that advocacy is offered and uptake can be monitored effectively.</p> <p>Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition.</p>
9	When things do not work well for people and their rights have not been upheld, they must have rapid recourse to an effective complaints system and to redress.	<p>Review of experience of complaints procedure and improvement plan developed, including options for making complaints procedures more accessible.</p> <p>Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration – in the context</p>

	<b>Recommendation</b>	<b>Dundee IJB</b>
		of a strategic intent to enhanced whole family approaches consistency of approach across children's and adult services will be an important consideration. This will also be critical at points of transition.
10	Packages of care and support plans must be made more portable and supported people should not have to fight to retain support because they have moved home	Local adjustment of practice, procedures and IT systems will be required to align to a nationally agreed approach.
<b>Unpaid Carers</b>		
11	Carers need better, more consistent support to carry out their caring role well and to take a break from caring with regular access to quality respite provision. Carers should be given a right to respite with an amendment to the Carers Act as required, and a range of options for respite and short breaks should be developed.	<p>For further consideration and action as part of the ongoing revision of the Dundee Carers Strategy and Short-breaks Services Statement.</p> <p>May require review and realignment of local respite and short breaks provision to reflect any changes to the Carers Act. This will build on local arrangements already in place, including ongoing development of short-breaks provision.</p> <p>Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration specifically in relation to young carers and transitions from children's to adult services.</p>
12	A new National Care Service should prioritise improved information and advice for carers, and an improved complaints process. It should take a human rights-based approach to the support of carers.	<p>For further consideration and action as part of the ongoing revision of the Dundee Carers Strategy.</p> <p>Local adjustment of practice, procedures and IT systems will be required to align to a nationally agreed approach.</p> <p>Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration specifically in relation to young carers and transitions from children's to adult services.</p> <p>See also recommendations 1, 2, 4 and 9.</p>
13	Local assessment of carers' needs must, in common with assessment of the needs of people using social care support services and supports, better involve the person themselves in planning support.	For further consideration and action as part of the ongoing revision of the Dundee Carers Strategy and Personalisation Improvement Plan.

	<b>Recommendation</b>	<b>Dundee IJB</b>
		<p>Interface with children's services (both NHS Tayside community health services and Dundee City Council Children and Families Services) will require further consideration specifically in relation to young carers and transitions from children's to adult services.</p> <p>See also recommendations 1-5.</p>
14	Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service.	<p>Carer representation is in place for Dundee IJB. The Dundee IJB tends to operate by consensus and minimises need for voting. Consensus would include the views of carers.</p> <p>Will require review and realignment of local arrangements and supporting documentation (such as IJB terms of reference) to reflect any changes to the Public Bodies (Joint Working) (Scotland) Act to enable carers full representation on IJBs.</p>
<b>The Case for a National Care Service</b>		
15	Accountability for social care support should move from local government to Scottish Ministers, and a Minister should be appointed with specific responsibility for Social Care.	<p>Democratic accountability remains through the membership of the IJB.</p> <p>Strategic commissioning process will continue to enable collaborative working across a range of local community planning partners to identify and respond to local needs and priorities.</p> <p>Anticipate that as a consequence of this national reporting requirements / arrangements may change and local process and resources will require to be reviewed to align to this.</p>
16	A National Care Service for Scotland should be established in statute along with, on an equal footing, NHS Scotland, with both bodies reporting to Scottish Ministers.	<p>Democratic accountability remains through the membership of the IJB.</p> <p>Strategic commissioning process will continue to enable collaborative working across a range of local community planning partners to identify and respond to local needs and priorities.</p>
17	The National Care Service should oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards, with services procured from Local Authorities and third and independent sector providers. Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies,	<p>Full delegation of procurement and contracting responsibilities place additional decision making and accountability with IJB. This builds on existing social care commissioning and procurement arrangements but will require further enhancement and investment in arrangements as well as enhanced legal services provision within the IJB. If implemented this will allow a more flexible approach to social care commissioning and full use of existing legislative provisions for social care procurement (as procurement activity will no longer have to comply with Dundee City Council Standing Orders). This will require significant collaboration with Dundee City Council.</p>

	<b>Recommendation</b>	<b>Dundee IJB</b>
	and to remove the current confusion about where responsibility for primary care sits.	<p>The interface with social care commissioning for Children and Families Services will also have to be considered (currently single Social Care Contracts Team for the Partnership and Children and Families Service). This will require significant collaboration with Dundee City Council.</p> <p>Brings employment responsibilities to IJB through the direct employment of GPs. This will require additional resource to support HR functions to support transfer of staff and for ongoing HR needs. This will require significant collaboration with both Dundee City Council and NHS Tayside.</p>
18	The National Care Service should lead on the aspects of social care improvement and support that are best managed once for Scotland, such as workforce development and improvement programmes to raise standards of care and support.	Interface between national service and IJB will require to be developed. This has potential to add significant value and capacity in relation to improvement activity. An approach that means that the development of care standards is also supported by implementation support (and resources) will be a welcome shift from current arrangements.
19	The National Care Service should oversee social care provision at national level for people whose needs are very complex or highly specialist and for services such as prison social care that could be better managed on a once-for-Scotland basis.	<p>Interface between national service and IJB will require to be developed. This has potential to add significant value and capacity in relation to better meeting outcomes for people with complex or highly specialist needs.</p> <p>Interface with Community Justice Service (within Dundee City Council Children and Families Services and wider community justice partners) will require further consideration. Interface with arrangements for delivery of prison healthcare will also require consideration.</p>
20	The National Care Service's driving focus should be improvements in the consistency, quality and equity of care and support experienced by service users, their families and carers, and improvements in the conditions of employment, training and development of the workforce.	Interface between national service and IJB will require to be developed. This has potential to add significant value and capacity in relation to improvement activity.
<b>A National Care Service for Scotland – How it Should Work</b>		
21	The National Care Service in close co-operation with the National Health Service should establish a simplified set of outcome measures to measure progress in health and social care support, through which to oversee delivery of	<p>Potential to significantly improve the relevance and quality of national indicators and to streamline national reporting requirements.</p> <p>Could support system wide shift from process to outcome focused measures.</p>

	<b>Recommendation</b>	<b>Dundee IJB</b>
	social care in local systems via reformed Integration Joint Boards and national care bodies.	<p>Full engagement in these developments will not be possible with the current information and data resource within the Dundee IJB – there is a risk that we will not be sufficiently involved in / informed of national developments.</p> <p>May require significant changes to data recording and reporting systems and arrangements. MOSAIC contract includes alignment of system to any changes in statutory requirements.</p>
22	A Chief Executive should be appointed to the National Care Service, equivalent to the Chief Executive of the National Health Service and accountable to Ministers.	<p>Democratic accountability remains through the membership of the IJB.</p> <p>Strategic commissioning process will continue to enable collaborative working across a range of local community planning partners to identify and respond to local needs and priorities.</p>
23	Integration Joint Boards should be reformed to take responsibility for planning, commissioning and procurement and should employ Chief Officers and other relevant staff. They should be funded directly by the Scottish Government.	<p>Significantly different role for IJB, including direct employment of the Chief Officer and some other staff and responsibility for procurement and contracting.</p> <p>Significant streamlining of budget setting process with IJB budget directly allocated from Scottish Government.</p> <p>Potentially introduces a contractual relationship between the IJB, Dundee City Council and NHS Tayside.</p> <p>Democratic accountability remains through the membership of the IJB.</p> <p>Strategic commissioning process will continue to enable collaborative working across a range of local community planning partners to identify and respond to local needs and priorities.</p> <p>See also recommendation 17.</p>
24	The role of existing national care and support bodies – such as the Care Inspectorate and Scottish Social Services Council – should be revisited to ensure they are fit for purpose in a new system.	<p>Local implications of any revisions to the role and approach of the Care Inspectorate and SSSC could be significant and local systems, processes and resource may require realignment to fit with revised national arrangements.</p> <p>Wider report content indicates that if implemented this will include changes in approach to scrutiny / inspection activities. The proposed changes include a streamlining of arrangements, enhanced focus on experiences of care and on subsequent improvement support, these are welcome changes however will require adaption of local arrangements.</p>

	<b>Recommendation</b>	<b>Dundee IJB</b>
25	The National Care Service should address gaps in national provision for social care and social work in relation to workforce planning and development, data and research, IT and, as appropriate, national and regional service planning.	<p>Social work adult care data is already delegated from Dundee City Council to the IJB. The IJB has very limited capacity to meet current statutory requirements, however complies with all aspects including SOURCE returns. Any significant enhancement in arrangements would require further additional capacity.</p> <p>Interface between national service and IJB will require to be developed. This has potential to add significant value and capacity in relation to planning and information.</p> <p>Democratic accountability remains through the membership of the IJB.</p> <p>Strategic commissioning process will continue to enable collaborative working across a range of local community planning partners to identify and respond to local needs and priorities.</p>
26	The National Care Service should manage provision of care for people whose care needs are particularly complex and specialist, and should be responsible for planning and delivery of care in custodial settings, including prisons.	<p>Interface between national service and IJB will require to be developed. This has potential to add significant value and capacity in relation to better meeting outcomes for people with complex or highly specialist needs.</p> <p>Interface with Community Justice Service (within Dundee City Council Children and Families Services and wider community justice partners) will require further consideration. Interface with arrangements for delivery of prison healthcare will also require consideration.</p>
<b>A New Approach to Improving Outcomes – Closing the Implementation Gap, a New System for Managing Quality</b>		
27	<p>A National Improvement Programme for social care, along the lines of the NHS Patient Safety Programme, should be introduced by the National Care Service, and should address the three following key areas:</p> <ul style="list-style-type: none"> <li>• The experience and implementation of self-directed support must be improved, placing people using services' needs, rights and preferences at the heart of the decision-making process.</li> <li>• The safety and quality of care provided in care homes must be improved to guarantee consistent, appropriate standards of care.</li> <li>• Commissioning and procurement processes must be improved in order to provide a vehicle</li> </ul>	<p>For further consideration and action as part of the Personalisation Improvement Plan.</p> <p>For further consideration and action as part of the DHSCP recovery plan as this relates to the oversight of care homes.</p> <p>Existing social care commissioning and procurement arrangements are in-line with the approach described in the independent review. Establish a social care procurement framework to enable and encourage a diversity of provision. See also recommendations 17 and 23.</p> <p>Further embed strategic commissioning across the organisation to ensure this is a vehicle for enhancing care quality. This builds on approach already taken across many partnership services.</p>

	<b>Recommendation</b>	<b>Dundee IJB</b>
	for raising the quality of social care support and for enhancing the conditions and experience of the social care workforce.	
<b>Models of Care</b>		
28	The Scottish Government should carefully consider its policies, for example on discharge arrangements for people leaving hospital, to ensure they support its long-held aim of assisting people to stay in their own communities for as long as possible.	<p>For further consideration and action as part of:</p> <ul style="list-style-type: none"> <li>• Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan</li> <li>• Ongoing programmes for operational improvement</li> </ul> <p>Changes in national policy will require to subsequently be considered and reflected in local arrangements. However, there is already a significant focus on a strategic approach to discharge management in Dundee and a range of improvement activity underway.</p>
29	A national approach to improvement and innovation in social care is needed, to maximise learning opportunities and create a culture of developing, testing, discussing and sharing methods that improve outcomes. The future role of the Institute for Research and Innovation in Social Services (IRISS) and its inclusion as part of the National Care Service must be considered.	<p>Interface between national service and IJB will require to be developed. This has potential to add significant value and capacity in relation to improvement activity.</p> <p>See also recommendations 17 and 18.</p>
30	There must be a relentless focus on involving people who use services, their families and carers in developing new approaches at both a national and local level.	<p>A commitment to co-production is already in place within Dundee IJB and this is demonstrated across strategic planning arrangements, however continuous improvement of this must always be a focus and further investment may be required to provide appropriate infrastructure and support to enable / enhance co-production across all service areas.</p> <p>For further consideration and action as part of:</p> <ul style="list-style-type: none"> <li>• Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan</li> <li>• Revision of Partnership Communication and Engagement Strategy</li> <li>• Revision of the Partnership's strategic planning structure</li> </ul>
31	Investment in alternative social care support models should prioritise approaches that enable people to stay in their own homes and communities, to maintain and develop rich social connections and to exercise as much	<p>This approach is already embedded in the principles and priorities within Dundee IJB's Strategic and Commissioning Plan.</p> <p>For further consideration and action as part of:</p>

	<b>Recommendation</b>	<b>Dundee IJB</b>
	<p>autonomy as possible in decisions about their lives. Investment in, or continuance of, models of social care support that do not meet all of these criteria should be a prompt for very careful reflection both by a National Care Service and local agencies.</p>	<ul style="list-style-type: none"> <li>• Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan</li> <li>• Operational improvement activities</li> </ul> <p>Existing social care commissioning and procurement arrangements support a strategic commissioning approach, this includes disinvestment as well as investment in services. Direct allocation of budgets may further enhance the IJBs ability to embed a strategic commissioning approach, including disinvestment decisions.</p>
<b>Commissioning for Public Good</b>		
32	<p>Commissioners should focus on establishing a system where a range of people, including people with lived experience, unpaid carers, local communities, providers and other professionals are routinely involved in the co-design and redesign, as well as the monitoring of services and supports. This system should form the basis of a collaborative, rights based and participative approach.</p>	<p>A commitment to co-production is already in place within Dundee IJB and this is demonstrated across strategic planning arrangements, however continuous improvement of this must always be a focus and further investment may be required to provide appropriate infrastructure and support to enable / enhance co-production across all service areas. In particular, approaches to further involving people who use services and wider communities in the monitoring of services and supports will require further consideration.</p> <p>For further consideration and action as part of:</p> <ul style="list-style-type: none"> <li>• Statutory review and any subsequent revision of the Dundee Strategic and Commissioning Plan</li> <li>• Revision of Partnership Communication and Engagement Strategy</li> <li>• Revision of the Partnership's strategic planning structure</li> </ul> <p>See also recommendation 30.</p>
33	<p>A shift from competitive to collaborative commissioning must take place and alternatives to competitive tendering developed and implemented at pace across Scotland. Commissioning and procurement decisions must focus on the person's needs, not solely be driven by budget limitations.</p>	<p>Existing social care commissioning and procurement arrangements are in-line with the approach described in the independent review. Other recommendations made within the report, if implemented, will further strengthen this approach.</p> <p>Establish a social care procurement framework to enable and encourage a diversity of provision.</p> <p>Revision of Dundee IJB's Market Facilitation Strategy is required.</p> <p>See also recommendations 17 and 23.</p>

	<b>Recommendation</b>	<b>Dundee IJB</b>
34	The establishment of core requirements for ethical commissioning to support the standardisation and implementation of fair work requirements and practices must be agreed and set at a national level by the new National Care Service and delivered locally across the country.	<p>Review of the Market Facilitation Strategy to ensure ethical commissioning requirements are captured.</p> <p>Local work has been undertaken to implement aspects of Fair Work practices, such as the living wage and adjustments to model social care contracts. This provides a foundation for future work / enhancement.</p> <p>Approach to local implementation will require to be agreed once national standards are set.</p>
35	To help provide impetus and support to the adoption of a collaborative and ethical approach to commissioning, the idea from CCPS of pressing pause on all current procurement should be fully explored in the context of a National Care Service, with a view to rapid, carefully planned implementation.	Implications of this are unclear without further detail of intended approach.
36	The care home sector must become an actively managed market with a revised and reformed National Care Home Contract in place, and with the Care Inspectorate taking on a market oversight role. Consideration should be given by the National Care Service to developing national contracts for other aspects of care and support. A 'new deal' must form the basis for commissioning and procuring residential care, characterised by transparency, fair work, public good, and the re-investment of public money in the Scottish economy.	Existing National Care Home Contracts with local providers are already in place, with oversight from Care Inspectorate - and any revised national contractual arrangements and implications could be incorporated through local procurement processes.
37	National contracts, and other arrangements for commissioning and procurement of services, must include requirements for financial transparency on the part of providers along with requirements for the level of return that should be re-invested in the service in order to promote quality of provision and good working conditions for staff.	This could potentially be incorporated into existing social care commissioning and procurement arrangements through contract and financial monitoring processes. Further detail on intended approach required before this can be fully assessed and may require additional resources to support implementation.

	<b>Recommendation</b>	<b>Dundee IJB</b>
38	A condition of funding for social care services and supports must be that commissioning and procurement decisions are driven by national minimum quality outcome standards for all publicly funded adult social care support.	This could potentially be incorporated into existing strategic commissioning and procurement arrangements. National health and care standards and inspection frameworks currently inform procurement and contract monitoring arrangements, similar approaches could be adopted for new national standards.
39	A decisive and progressive move away from time and task and defined services must be made at pace to commissioning based on quality and purpose of care – focused upon supporting people to achieve their outcomes, to have a good life and reach their potential, including taking part in civic life as they themselves determine.	Further work is required at a local level to develop a shared understanding and approach to commissioning for outcomes and to test this approach in practice.  This approach needs to be supported by additional investment in the provision of social care supports and aligned with the Personalisation Improvement Plan.
40	Commissioning decisions should encourage the development of mutually-supportive provider networks as described above, rather than inhibiting co-operation by encouraging fruitless competition.	Existing social care commissioning and procurement arrangements are in-line with the approach described in the independent review. Collaborative approaches to social care commissioning have been tested in both Partnership and Children and Families Services.  Establish a social care procurement framework to enable and encourage a diversity of provision.  Revision of Dundee IJB's Market Facilitation Strategy is required.  See also recommendations 17 and 23.
41	Commissioning and planning community based informal supports, including peer supports, is required to be undertaken by Integration Joint Boards and consideration of grant funding to support these is needed.	Revision of Dundee IJB's Market Facilitation Strategy is required.  Requires wider consideration as part of community planning approach.  See also recommendation 6.
<b>Fair Work</b>		
42	Rapid delivery of all of the recommendations of the Fair Work Convention, with an ambitious timetable for implementation to be set by the Scottish Government.	Scottish Government already progressing this area with the first initiative to apply a national living wage uplift to social care contractual arrangements adopted as part of Dundee IJB's budget setting process in March 2021.
43	Conduct a national job evaluation exercise for work in social care, to establish a fair and equitable assessment	National pay arrangements and terms and conditions already existing for NHS staff across Scotland; the financial and HR implications to transition social care staff to a national

	<b>Recommendation</b>	<b>Dundee IJB</b>
	of terms and conditions for different roles. This should take account of skills, qualifications, responsibilities and contribution.	arrangement could be substantial; this will also have implications for any non-IJB social care staff within the Local Authority (ie Children's Services or Criminal Justice).
44	Putting in place national minimum terms and conditions as a key component of new requirements for commissioning and procurement by Integration Joint Boards. Specific priority should be given to pay, travel time, sick pay arrangements, training and development, maternity leave, progression pathways, flexible pathways and pension provision. The national evaluation of terms and conditions should be undertaken to inform these minimum standards and these should be reviewed as required.	Any further proposals from the Fair Work Convention and adopted as a national direction will need to be assessed and incorporated in to local commissioning and procurement arrangements as they arise.
45	Establishing a national organisation for training, development, recruitment and retention for adult social care support, including a specific Social Work Agency for oversight of professional development. The current role, functions and powers of the SSSC should be reviewed and appropriate read-across embedded for shared and reciprocal learning with the NHS workforce.	Existing organisational development strategies would need adapted to reflect any new national arrangements in place.
46	Establishing a national forum comprised of workforce representation, employers, Integration Joint Boards and the Scottish Government to advise the National Care Service on workforce priorities and to take the lead in creating national sector level collective bargaining of terms and conditions.	Local partnership forum arrangements with trade unions and staff side representatives would likely require enhanced reporting lines to a new national forum to ensure substantive local issues are presented nationally.
47	National oversight of workforce planning for social work and social care, which respects the diversity and scale of employment arrangements while improving resilience and arrangements for mutual support should be a priority for a National Care Service.	Current workforce plan would need to be adapted to reflect new national arrangements in place.
48	The recommendations listed above should apply to Personal Assistants employed by people using Option 1 of SDS, who should be explicitly recognised as members of the workforce, as well as employees of providers in the public, third and independent sectors.	As noted in recommendations 42-47.

	<b>Recommendation</b>	<b>Dundee IJB</b>
	This recommendation should be delivered in full partnership with the independent living movement	
<b>Finance</b>		
49	Prioritising investment in social care as a key feature of Scotland's economic plans for recovery from the effects of the Covid-19 pandemic.	Follows the local financial strategy and would sit initially within the local mobilisation plan but also through the IJB budget setting process, included ensuring shifting the balance of care continues to be a key IJB priority.
50	Careful analysis by a National Care Service, with its partners in the National Health Service, Integration Joint Boards and beyond, of opportunities to invest in preventative care rather than crisis responses, to avoid expenditure on poor outcomes such as those experienced by people who are delayed in hospital.	Continued development of the IJB's Strategic Plan to prioritise areas of preventative care and early intervention will be used to direct funding.
51	Additional investment in order to: f expand access to support including for lower-level preventive community support; <ul style="list-style-type: none"> <li>• implement the recommendations of the Fair Work Convention;</li> <li>• remove charging for non-residential social care support;</li> <li>• increase the sums paid for Free Personal and Nursing Care for self-funders using care homes to the levels included in the National Care Home Contract;</li> <li>• re-open the Independent Living Fund, with the threshold sum for entry to the new scheme reviewed and adjusted; and</li> <li>• review financial support made available to unpaid carers and increase investment in respite.</li> </ul>	Further Scottish Government funding will be required to meet these recommendations.
52	Robustly factoring in demographic change in future planning for adult social care.	Existing future financial estimates already factor in the impact of demographic change however access to wider information would benefit this process.
53	Careful consideration to options for raising new revenues to increase investment in adult social care support	This will need to be as directed by the Scottish Government.

